

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
<b>CLAIMS</b>													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51		2				
2		/					52		2				
3		/					53		/				
4		/					54	/					
5		/					55		/				
6		/					56		/				
7		/					57		/				
8		/					58	/					
9		/					59		/				
10		/					60	/					
11		/					61	/					
12		/					62		/				
13	/						63		/				
14		/					64		/				
15		/					65		/				
16		/					66	/					
17		/					67						
18		/					68						
19		/					69						
20		/					70						
21		/					71						
22		/					72						
23		/					73						
24		/					74						
25	/						75						
26		/					76						
27		/					77						
28	/						78						
29		/					79						
30		/					80						
31	/						81						
32	/						82						
33		/					83						
34	/						84						
35	/						85						
36	/						86						
37		/					87						
38		/					88						
39		/					89						
40		/					90						
41		/					91						
42		/					92						
43		/					93						
44	/						94						
45	/						95						
46		/					96						
47	/						97						
48		/					98						
49		2					99						
50		2					100						
TOTAL IND.	12	↓					TOTAL IND.	5	↓				
TOTAL DEP.	40	↓					TOTAL DEP.	13	↓				
TOTAL CLAIMS	52						TOTAL CLAIMS	18					